

NOV 04 2005

TELECOPIER COVER SHEET**November 4, 2005**

To: Assistant Commissioner for Patents	From: Estella Pineiro Patent Administrator 818-493-2251
Attention: TECHNOLOGY CENTER 3700 Examiner: Tammie K. Heller Art Unit: 3762	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 571-273-8300	Telecopier: 818/362-4795
RE: Amendment App. No.: 10/823,427 Filed: 04/12/2002 Docket No.: A02P1032 Confirmation No. 4017	Number of pages being sent: <u>12</u> (including cover page)

PLEASE DELIVER TO EXAMINER TAMMIE K. HELLER, Art Unit 3762.
Thank you.

NOV 04 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mark W. Kroll

Confirmation No.: 4017

Serial No.: 10/823,427

Examiner: Tammie K. Heller

Filed: 04/12/2004

Art Unit: 3762

Docket No.: A04P1032

For: IMPLANTABLE DEVICE THAT DIAGNOSES ISCHEMIA AND
MYOCARDIAL INFARCTION AND METHODTRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILINGMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

☒ Amendment☒ Transmittal Letter, Fee and Cert. of Mailing

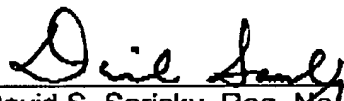
CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	20	22	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge — Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D. and E)					\$0**
<input checked="" type="checkbox"/> Charge Deposit Account No. 16-0068 the amount of						\$0**
A copy of this letter is enclosed.						

PATENT

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any additional filing fees required under 37 CFR 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 4 Nov. 2005




David S. Sarisky, Reg. No. 41,288
Attorney for Applicant
818-493-3369

CUSTOMER NUMBER: 36802

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

November 4, 2005



Estella Pheiro

11/4/05

Date

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CENTRAL FAX CENTERPATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

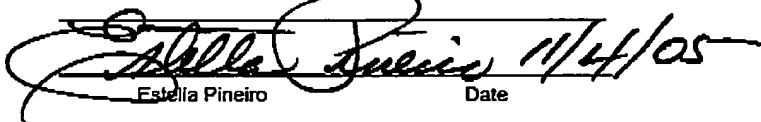
Applicant:	Mark W. Kroll	Confirmation No.:	4017
Serial No.:	10/823,427	Examiner:	Tammie K. Heller
Filed:	04/12/2004	Art Unit:	3762
Docket No.:	A04P1032		
For:	IMPLANTABLE DEVICE THAT DIAGNOSES ISCHEMIA AND MYOCARDIAL INFARCTION AND METHOD		

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being facsimile
transmitted to the United States Patent and Trademark Office

on: November 4, 2005


Estella Pineiro Date

Dear Sir:

In response to the Office Action mailed August 26, 2005, please amend the
above-identified application as follows: